

Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

2008 FEB 27 AM 9:16

Fax: (515)281-3701

www.iowa.gov/ethics

## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

### For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

#### Governor's Office

Name of Department or Office

1007 E. Grand

Des Moines, Iowa 50319

Mailing Address

515/281-5211

City, State, Zip Code

Area Code &amp; Telephone No.

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deborah Svec-Carstens

Name

Mailing Address (if different from above)

deborah.svec-carstens@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

Shield Technology Corporation

Name

13439 Milltown Road

Lovettsville, VA 20180

Mailing Address

City, State, Zip Code

800/476-5264

Area Code &amp; Telephone Number

Email Address (optional)

**2/25/08** \$ 47,375.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

The gift of software and services valued at \$47,375 to the Iowa Law Enforcement Academy Telecommunicator Training Program to enhance the training of Iowa's telecommunicators and officers. The donation will be used to establish a state-of-the art telecommunication-training center at the Academy to be used in all telecommunication training programs, basic law enforcement scenario training and specialty school scenario training.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Deborah Svec-Carstens affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

February 25, 2008

Date

Revised 06/05

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A

2008 FEB 27 AM 9:15 DES MOINES, IA 50319

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**


<b>Governor's Office</b>	
Name of Department or Office 1007 E. Grand	Des Moines, Iowa 50319
Mailing Address 515281-5211	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Deborah Svec-Carstens	
Name	
Mailing Address (if different from above) deborah.svec-carstens@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Hy Vee, Inc.	
Name	
5820 Westown Parkway	W. Des Moines, Iowa 50266
Mailing Address	City, State, Zip Code
515/267-2800	
Area Code & Telephone Number	
Email Address (optional)	

 2/21/08	\$ 5,000.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

The gift of \$5,000 to be used by the Iowa State Patrol to purchase bicycles for Post 16.

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 Signature

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Governor's Office	
Name of Department or Office	Des Moines, Iowa 50319
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deborah Svec-Carstens	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Brownells Inc.	
Name	
Mailing Address	Montezuma, Iowa 50171
Area Code & Telephone Number	City, State, Zip Code
Email Address (optional)	

<b>2/25/08</b>	<b>\$ 300.00</b>
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

The gift of four concealment ghillie suits to be used by the Iowa State Patrol's Tactical Team snipers.

Criteria to use this form:

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## Statement of Affirmation:

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Signature

Date

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Governor's Office	
Name of Department or Office 1007 E. Grand	Des Moines, Iowa 50319
Mailing Address 515/281-5211	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Deborah Svec-Carstens	
Name	
Mailing Address (if different from above) deborah.svec-carstens@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Dale F. and Norma E. Bowsby	
Name	
3005 Denny Ct.	W. Des Moines, Iowa 50266-2009
Mailing Address 515/725-6123	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>2/21/08</b>	<b>\$ 25.00</b>
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

The gift of \$25.00 in memory of Robert C. Birt for the Governor's Traffic Safety Bureau to be used by GTSB for its State Fair booth.

Criteria to use this form:

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**Statement of Affirmation:**

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Deborah Svec-Carstens  
 Signature

February 25, 2008  
 Date